**TO THE UNITED STATES PATENT AND TRADEMARK OFFICE**

*I hereby certify that this correspondence is being deposited with the U.S. Postal Service as next day priority mail in an envelope with sufficient postage for next day priority and addressed to Commissioner of Patents P.O. BOX 1450,ALEXANDER, Va. 22313 on 10 May 2007*

_Lynn A. Buckner_
                                            Signature

| | | |
|---|---|---|
| Applicant | : | Buckner , Lynn A. |
| Application No. | : | 10/810,184 |
| Filed | : | 29 March 2004 |
| Title | : | Inclined Slope Vacuum Boring and Mud Recovery Container |

**AMENDMENT**

LYNN A. BUCKNER
Post Office Box 609
Chickamauga, GA 30707

Assistant Commissioner for Patents
Washington, D.C. 20231

Commissioner:

This is a response to the 24 April 2007 office communication confirmation no. 7977 from Marcia Gordon requesting $255.00 for excess claims fees.
Attached is Check # 3970 for $255.00.

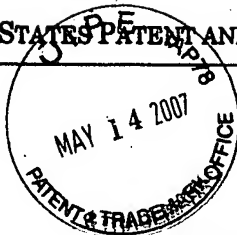_Lynn A. Buckner_
Lynn A. Buckner

UNITED STATES PATENT AND TRADEMARK OFFICE

MAY 14 2007

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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450
www.uspto.gov

## NOTICE REQUIRING EXCESS CLAIMS FEES

The excess claim(s) filed on **4/3/07** is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of $ **255** , or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid **ABANDONMENT**. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- [ ] 1. The funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.

- [ ] 2. The Credit Card payment to cover the entire fee due to Account _____ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.

- [x] 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.

- [ ] 4. The fee submitted in this application is insufficient. A balance of $ _____ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).

- [ ] 5. Other.

Explanation (*Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due*):

_____

_____

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: *http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm*

**Service Charges:** There is a $50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a $25.00 service charge for each month when the balance of a deposit account is below $1000 at the end of the month (37 CFR 1.21(b)(2)).

_Marcia Gordon_ _____ (571) 272 - **3003** _____
Technical Support Staff (TSS)
**Note to TSS: Please do NOT use this notice if the application is under a final rejection.**